and outpatient care areas while providing continuity of care and patient safety.

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PENNY WISE BUT POUND FOOLISH: DO COST REDUCTION INIATIVES REALLY WORK IN THE PEDIATRIC STEM CELL TRANSPLANT POPULATION?

Frey, M.A. Duke University Pediatric Stem Cell Transplant Program, Durham, NC.

An unstable economy and increasing payer demands have forced many health care providers to dramatically tighten their fiscal belts. The child undergoing a stem cell transplant is often a high user of both human and material resources. The cost of caring for these patients often is astronomical. In an effort to better contain costs, payers and administrators are now demanding that new and innovative solutions be imlemented in order to maximize resources and keep costs down. The ultimate goal of these solutions is to maximize quality patient care while still making stem cell transplantation affordable. The Duke Pediatric Stem Cell Transplant Unit is no exception. Our program has successfully implemented several initiatives that have reduced our cost per case as well as our length of stay. The purpose of this abstract is to identify and outline some of these cost containment initiatives. Some of these include, but are not limited to: 1. An approval process for high-cost pharmaceuticals (i.e liposomal drugs) 2. Reduction in the use of IVIG 3. The use of PYXIS for materials and supplies 4. A Retention/Recruitment Model for nursing. The cost of replacing a PSCT nurse exceeds $60, 000 5. An outpatient treatment facility which has resulted in a dramatic reduction in inpatient LOS 6. Expansion of the PSCT program to less acute venues of care The cost effectiveness and overall success of these initiatives will be outlined. The impact of these changes on patient satisfaction and staff will also be described. Our goal is to provide the highest possible level of patient care that includes a strong commitment to keeping costs contained.

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A PARENT SUPPORT PROGRAM FOR CHILDREN UNDERGOING STEM CELL TRANSPLANTION: THE DUKE UNIVERSITY PEDIATRIC STEM CELL PROGRAM MODEL

Hungate, J.; Frey, M.A. Duke University Pediatric Stem Cell Transplant Program, Durham, NC.

The care of the child undergoing a stem cell transplant requires a complex, multidisciplinary team approach in order to achieve the best possible outcome. Critical to the success of this approach is the role of the parent or caregiver. The road through transplant is often grueling. Parents typically stay with their children for the duration of therapy. Caregiver stress and burnout is a common phenomenon. Financial hardship often adds to the strain and worries. Parental/Caregiver support is one element that is often overlooked in the literature. The Duke Pediatric Stem Cell Transplant Program has implemented a family support program to cultivate a formal relationship between the parent and the health care team. Core components of this program include: 1. Pre-admission teaching and education related to parental expectations 2. The development of "The Duke PSCT Parent Handbook" which includes detailed caregiver education. 3. The Duke PSCT "Best Buddies Program" which utilizes carefully selected volunteers that support the family and allows the parent to leave the unit for brief periods of time. 4. A family resource area/lounge on the inpatient unit that provides cooking, bathing, and laundry facilities for caregivers. 5. The Fountain Fund Project which utilizes monies obtained from the Hospital lobby fountain for parent support projects. 6. The use of community volunteers such as hair stylists, food vendors, and other support which reduces emontional stress and can minimize extraneous expenses such as food and parking. 7. Numerous fund raising activities (i.e. Racing Heroes Auction and Rainbow of Heroes Walk) which is a discretionary fund used to support parents and caregivers. 8. Weekly psychosocial rounds which identify caregivers and family dynamics that may be high risk. The goal of this abstract is to illustrate the unique programs used at Duke to support families and caregivers. The implementation of these programs has resulted in high satisfaction scores as well as an indirect reduction in length of stay.

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A NURSE IS NOT A NURSE! HOW TO RECRUIT AND RETAIN TOP NURSING TALENT IN PEDIATRIC STEM CELL TRANSPLANTATION

Talbert, G.; Frey, M.A. Duke University Medical Center, Durham, NC.

The recruitment and retention of top nursing talent is a major challenge for nurse managers. A sustained, profound national nursing shortage has dramatically altered the staffing patterns of academic medical centers. Nurses now have the opportunity to work in less acute settings with decreased stress at a higher rate of pay. Nursing travel companies often lure top recruits away from large teaching hospitals with agreements to pay a higher rate of pay as well as a housing stipend. Children undergoing marrow and stem cell transplantation require a nursing workforce that is highly specialized. The Foundation for the Accreditation of Cellular Therapy (FACT) mandates "that nurses and nursing supervisors be formally trained and experienced in the management of patients receiving hematopoietic progenitor cell transplants". The recruitment and retention of such a workforce requires a unique approach. The purpose of this abstract is to identify barriers to the retention and recruitment of top nursing talent in this field. Contributing factors include a national nursing shortage and aging work force which have dramatically reduced the available pool of nurses. The major focus of this presentation will be to identify strategies to recruit and retain top nursing talent. These strategies include the development of a program entitled "Recruiting Talent and Rewarding Excellence in Pediatric Stem Cell Transplant Nursing". Low Cost/ No Cost initiatives will be discussed. The implementation of this program has been overwhelmingly successful. There is currently a waiting list of new and experienced nurses hoping to have the priviledge to work in our program. Nursing turnover rates have dramatically declined. Overall staff satisfaction has improved while patient quality indicators remain high.

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DISCHARGE PLANNING CAN MAKE THE DIFFERENCE: THE DUKE PEDIATRIC STEM CELL TRANSLANT ACCELERATED DISCHARGE MODEL

Gurganus, K.J.; Frey, M.A. Duke University Pediatric Stem Cell Transplant Program, Durham, NC.

Discharge planning for the child undergoing a stem cell transplant requires a coordinated, multidisciplinary approach. Few patients have discharge needs that are more complex and complicated. The Duke Pediatric Stem Cell Transplant (PSCT) Program coordinates the care of over 80 active transplants each year. Financial pressures and mounting scrutiny from payers has forced Duke and other health care organizations to carefully monitor costs and look for alternatives to high cost inpatient care. In 1995 the PSCT program at Duke opened a new inpatient unit. Integral to this unit was the addition of a Bone Marrow Outpatient Procedure room. This room was and is currently used to treat patients who require after hours care on an emergent or urgent basis. Concurrent with the advent of health care reform can initiatives looking at the reduction of cost and length of stay in children with complex medical needs. At the top of the list was children undergoing stem cell and marrow transplantation. The purpose of this abstract is to describe initiatives that are currently being used to accelerate discharge in the pediatric stem cell transplant patient. Integral to these initiatives is the expansion of the outpatient treatment facility to include after hours care. The key concept behind early discharge was the ability to provide bid complex medication administration that the caregiver could not provide. Patients are carefully evaluated by the physician based on selected early discharge criteria. A discharge planner is consulted to assess the caregivers readiness and ability to participate in our early discharge program. This presentation will detail the goals and criteria for our early discharge program. Highlighted will be the programs ability to move patients through the system in a relatively seamless fashion. A cost analysis will be reviewed which shows a